

CLAIMS ONLY	Application Number	Filing Date
	Applicant(s)	

Applicant(s) 12/16/85

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
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48		/				
49		/				
50		/				
Total Indep	2					
Total Depend						
Total Claims						

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						